



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB2464

Introduced 2/19/2009, by Rep. Elizabeth Coulson

SYNOPSIS AS INTRODUCED:

225 ILCS 95/7
225 ILCS 60/54.5

from Ch. 111, par. 4607

Amends the Physician Assistant Practice Act of 1987. Removes the limitation that physicians may not supervise more than 2 physician assistants. Provides that the supervising physician must file a notice of supervision with the Department of Financial and Professional Regulation for each physician assistant under his or her supervision. Provides that the physician's supervision shall be continuous, but does not necessarily require the physical presence of the supervising physician at the time and place that the services are rendered by the physician assistant. Provides that it is the obligation of the supervising physician to ensure that the physician assistant's scope of practice is identified; that the medical tasks delegated to the physician assistant are appropriate to the physician assistant's level of competence; that the working relationship between the supervising physician and physician assistant is defined, including the means and frequency of access to the supervising physician; and that a process for evaluation of the physician assistant's performance is established. Amends the Medical Practice Act of 1987. Removes the limitation that physicians may not enter into supervising physician agreements with more than 2 physician assistants.

LRB096 07720 ASK 17821 b

1 AN ACT concerning professional regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Physician Assistant Practice Act of 1987 is
5 amended by changing Section 7 as follows:

6 (225 ILCS 95/7) (from Ch. 111, par. 4607)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 7. Supervision requirements. ~~No more than 2 physician~~
9 ~~assistants shall be supervised by the supervising physician,~~
10 ~~although a physician assistant shall be able to hold more than~~
11 ~~one professional position.~~ Each supervising physician shall
12 file a notice of supervision of each ~~such~~ physician assistant
13 according to the rules of the Department. ~~However, the~~
14 ~~alternate supervising physician may supervise more than 2~~
15 ~~physician assistants when the supervising physician is unable~~
16 ~~to provide such supervision consistent with the definition of~~
17 ~~alternate physician in Section 4.~~ It is the responsibility of
18 the supervising physician to maintain documentation each time
19 he or she has designated an alternative supervising physician.
20 This documentation shall include the date alternate
21 supervisory control began, the date alternate supervisory
22 control ended, and any other changes. A supervising physician
23 shall provide a copy of this documentation to the Department,

1 upon request. Supervision shall be continuous but shall not be
2 construed as necessarily requiring the physical presence of the
3 supervising physician at the time and place that the services
4 are rendered. Nothing contained herein shall be construed to
5 prohibit the rendering of services by a physician assistant in
6 a setting geographically remote from the supervising
7 physician.

8 It is the obligation of each supervising physician to
9 ensure that the physician assistant's scope of practice is
10 identified; that the medical tasks delegated to the physician
11 assistant are appropriate to the physician assistant's level of
12 competence; that the working relationship between the
13 supervising physician and physician assistant is defined,
14 including the means and frequency of access to the supervising
15 physician; and that a process for evaluation of the physician
16 assistant's performance is established.

17 Physician assistants shall be supervised only by
18 physicians as defined in this Act who are engaged in clinical
19 practice, or in clinical practice in public health or other
20 community health facilities.

21 Nothing in this Act shall be construed to limit the
22 delegation of tasks or duties by a physician to a nurse or
23 other appropriately trained personnel.

24 Nothing in this Act shall be construed to prohibit the
25 employment of physician assistants by a hospital, nursing home
26 or other health care facility where such physician assistants

1 function under the supervision of a supervising physician.

2 Physician assistants may be employed by the Department of
3 Corrections or the Department of Human Services (as successor
4 to the Department of Mental Health and Developmental
5 Disabilities) for service in facilities maintained by such
6 Departments and affiliated training facilities in programs
7 conducted under the authority of the Director of Corrections or
8 the Secretary of Human Services. Each physician assistant
9 employed by the Department of Corrections or the Department of
10 Human Services (as successor to the Department of Mental Health
11 and Developmental Disabilities) shall be under the supervision
12 of a physician engaged in clinical practice and direct patient
13 care. Duties of each physician assistant employed by such
14 Departments are limited to those within the scope of practice
15 of the supervising physician who is fully responsible for all
16 physician assistant activities.

17 A physician assistant may be employed by a practice group
18 or other entity employing multiple physicians at one or more
19 locations. In that case, one of the physicians practicing at a
20 location shall be designated the supervising physician. The
21 other physicians with that practice group or other entity who
22 practice in the same general type of practice or specialty as
23 the supervising physician may supervise the physician
24 assistant with respect to their patients without being deemed
25 alternate supervising physicians for the purpose of this Act.

26 (Source: P.A. 95-703, eff. 12-31-07.)

1 Section 10. The Medical Practice Act of 1987 is amended by
2 changing Section 54.5 as follows:

3 (225 ILCS 60/54.5)

4 (Section scheduled to be repealed on December 31, 2010)

5 Sec. 54.5. Physician delegation of authority.

6 (a) Physicians licensed to practice medicine in all its
7 branches may delegate care and treatment responsibilities to a
8 physician assistant under guidelines in accordance with the
9 requirements of the Physician Assistant Practice Act of 1987. ~~A
10 physician licensed to practice medicine in all its branches may
11 enter into supervising physician agreements with no more than 2
12 physician assistants.~~

13 (b) A physician licensed to practice medicine in all its
14 branches in active clinical practice may collaborate with an
15 advanced practice nurse in accordance with the requirements of
16 the Nurse Practice Act. Collaboration is for the purpose of
17 providing medical consultation, and no employment relationship
18 is required. A written collaborative agreement shall conform to
19 the requirements of Section 65-35 of the Nurse Practice Act.
20 The written collaborative agreement shall be for services the
21 collaborating physician generally provides to his or her
22 patients in the normal course of clinical medical practice. A
23 written collaborative agreement shall be adequate with respect
24 to collaboration with advanced practice nurses if all of the

1 following apply:

2 (1) The agreement is written to promote the exercise of
3 professional judgment by the advanced practice nurse
4 commensurate with his or her education and experience. The
5 agreement need not describe the exact steps that an
6 advanced practice nurse must take with respect to each
7 specific condition, disease, or symptom, but must specify
8 those procedures that require a physician's presence as the
9 procedures are being performed.

10 (2) Practice guidelines and orders are developed and
11 approved jointly by the advanced practice nurse and
12 collaborating physician, as needed, based on the practice
13 of the practitioners. Such guidelines and orders and the
14 patient services provided thereunder are periodically
15 reviewed by the collaborating physician.

16 (3) The advance practice nurse provides services the
17 collaborating physician generally provides to his or her
18 patients in the normal course of clinical practice, except
19 as set forth in subsection (b-5) of this Section. With
20 respect to labor and delivery, the collaborating physician
21 must provide delivery services in order to participate with
22 a certified nurse midwife.

23 (4) The collaborating physician and advanced practice
24 nurse meet in person at least once a month to provide
25 collaboration and consultation.

26 (5) Methods of communication are available with the

1 collaborating physician in person or through
2 telecommunications for consultation, collaboration, and
3 referral as needed to address patient care needs.

4 (6) The agreement contains provisions detailing notice
5 for termination or change of status involving a written
6 collaborative agreement, except when such notice is given
7 for just cause.

8 (b-5) An anesthesiologist or physician licensed to
9 practice medicine in all its branches may collaborate with a
10 certified registered nurse anesthetist in accordance with
11 Section 65-35 of the Nurse Practice Act for the provision of
12 anesthesia services. With respect to the provision of
13 anesthesia services, the collaborating anesthesiologist or
14 physician shall have training and experience in the delivery of
15 anesthesia services consistent with Department rules.
16 Collaboration shall be adequate if:

17 (1) an anesthesiologist or a physician participates in
18 the joint formulation and joint approval of orders or
19 guidelines and periodically reviews such orders and the
20 services provided patients under such orders; and

21 (2) for anesthesia services, the anesthesiologist or
22 physician participates through discussion of and agreement
23 with the anesthesia plan and is physically present and
24 available on the premises during the delivery of anesthesia
25 services for diagnosis, consultation, and treatment of
26 emergency medical conditions. Anesthesia services in a

1 hospital shall be conducted in accordance with Section 10.7
2 of the Hospital Licensing Act and in an ambulatory surgical
3 treatment center in accordance with Section 6.5 of the
4 Ambulatory Surgical Treatment Center Act.

5 (b-10) The anesthesiologist or operating physician must
6 agree with the anesthesia plan prior to the delivery of
7 services.

8 (c) The supervising physician shall have access to the
9 medical records of all patients attended by a physician
10 assistant. The collaborating physician shall have access to the
11 medical records of all patients attended to by an advanced
12 practice nurse.

13 (d) Nothing in this Act shall be construed to limit the
14 delegation of tasks or duties by a physician licensed to
15 practice medicine in all its branches to a licensed practical
16 nurse, a registered professional nurse, or other persons.

17 (e) A physician shall not be liable for the acts or
18 omissions of a physician assistant or advanced practice nurse
19 solely on the basis of having signed a supervision agreement or
20 guidelines or a collaborative agreement, an order, a standing
21 medical order, a standing delegation order, or other order or
22 guideline authorizing a physician assistant or advanced
23 practice nurse to perform acts, unless the physician has reason
24 to believe the physician assistant or advanced practice nurse
25 lacked the competency to perform the act or acts or commits
26 willful and wanton misconduct.

1 (Source: P.A. 95-639, eff. 10-5-07.)